

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

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CLAIMS

	AS FILED		AFTER		AFTER	
	IND.	DEP.	1 ST AMENDMENT	IND.	DEP.	2 ND AMENDMENT
1	1					
2	1					
3	1	3				
4	3					
5	8					
6	8					
7	8					
8	1					
9	1					
10	1					
11	1					
12						
13						
14						
15						
16	5					
17	1					
18	1					
19	2					
20	2					
21	1					
22	1			1		
23						
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29						
30						
31			1			
32			1			
33			1			
34			1			
35			1			
36			1			
37			1			
38			1			
39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
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46						
47						
48						
49						
50						
TOTAL IND.			5			
TOTAL DEP.			17			
TOTAL CLAIMS			22			

	AS FILED		AFTER		AFTER	
	IND.	DEP.	1 ST AMENDMENT	IND.	DEP.	2 ND AMENDMENT
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